District of Columbia Real Estate Board

Continuing Education

INSTRUCTOR CERTIFICATION



	TION 1 – COURSE ASSIGNMENT FOR INSTRUCTOR		
Prov	rider Name Provider ID Num		
Ш			
Cou	rse Name ASI Course Identification Num (if course is previously approv		
To list additional courses this instructor will teach, use back of form.			
SEC	CTION 2 – INSTRUCTOR INFORMATION		
Prop	posed Instructor for the above-named course		
First	Name MI Last Name Suffix		
	Certify for: L&H P&C Both		
Instr	Certify for: L&H P&C Both Both Certify for: L&H P&C Both Social Security Number ASI Instructor Identification Number (<i>if previously approved</i>)		
SEC	TION 3 – QUALIFICATIONS		
В.	Has the instructor received ARELLO Fair Housing training? (Mandatory for DC Fair Housing education courses) NO YES Date Taken:		
C.	SCREENING QUESTIONS All applicants must complete the following questions. <i>If you answer "YES" to any of the questions below, please explain in Section D below.</i>		
	1. YES NO Have you ever been involved in any lawsuits, either as plaintiff or defendant, in the last 3 years, or are there any lawsuits pending at present?		
	2. YES NO Have you ever been convicted of any criminal offense, or are there any criminal charges now pending against you (do not include minor traffic violations)?		
	3. YES NO Have you received a fee for conduction of real estate transactions in the District of Columbia? If yes, please provide license number		
D.	Explain "YES" answer to 1 or 2 above.		
- 1			

INSTRUCTIONS TO PROVIDERS

Complete at least one Instructor Certification form for each course, and multiple forms for any course that is being conducted by multiple instructors. This form must be submitted in conjunction with a Course Approval Application or as an update to a previously-approved course.

(Section 3 cont'd on reverse ➤)

Forward this form and any mandatory attachments to:

Schanolia Barnes, Education Specialist DC Real Estate Board/OPLA

Standard Mail: P.O. Box 37200 Washington, DC 20013-7200 Overnight Mail: 941 Capitol St., N.E. 7th Floor, Suite 7200 Washington, DC 20002

Authorized Provider Representative		
First Name MI	Last Name	Suffix
I, the undersigned, do hereby certify that this instructor meets all state requ	irements:	
Authorized Provider Representative Signature		Day Year
I, the undersigned, do hereby certify that the information provided on this	orm is, to the best of my knowledge, true and correct	t:
Instructor Signature		Day Year
SECTION 1 – ADDITIONAL COURSE ASSIGNMENT FOR IN	STRUCTOR (CONT'D)	
Provider Name		Provider ID Numbe
Course Name		ourse Identification
	Number	(if course is approved)
Course Name		ourse Identification (if course is approved)
Course Name		ourse Identification (if course is approved)
Course Name		ourse Identification
	Number	(if course is approved)
Course Name		ourse Identification (if course is approved)
		(
Course Name		ourse Identification (if course is approved)
Course Name	ASI C	ourse Identification
	Number	(if course is approved)
Course Name		ourse Identification (if course is approved)

^{*}For additional courses use additional forms.